DIAGNOSTIC RADIOGRAPHY INTERVIEW PRACTICE EXAM (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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Introduction

Preparing for a certification exam can feel overwhelming, but with the right tools, it becomes an opportunity to build confidence, sharpen your skills, and move one step closer to your goals. At Examzify, we believe that effective exam preparation isn't just about memorization, it's about understanding the material, identifying knowledge gaps, and building the test-taking strategies that lead to success.

This guide was designed to help you do exactly that.

Whether you're preparing for a licensing exam, professional certification, or entry-level qualification, this book offers structured practice to reinforce key concepts. You'll find a wide range of multiple-choice questions, each followed by clear explanations to help you understand not just the right answer, but why it's correct.

The content in this guide is based on real-world exam objectives and aligned with the types of questions and topics commonly found on official tests. It's ideal for learners who want to:

- Practice answering questions under realistic conditions,
- Improve accuracy and speed,
- Review explanations to strengthen weak areas, and
- Approach the exam with greater confidence.

We recommend using this book not as a stand-alone study tool, but alongside other resources like flashcards, textbooks, or hands-on training. For best results, we recommend working through each question, reflecting on the explanation provided, and revisiting the topics that challenge you most.

Remember: successful test preparation isn't about getting every question right the first time, it's about learning from your mistakes and improving over time. Stay focused, trust the process, and know that every page you turn brings you closer to success.

Let's begin.

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How to Use This Guide

This guide is designed to help you study more effectively and approach your exam with confidence. Whether you're reviewing for the first time or doing a final refresh, here's how to get the most out of your Examzify study guide:

1. Start with a Diagnostic Review

Skim through the questions to get a sense of what you know and what you need to focus on. Your goal is to identify knowledge gaps early.

2. Study in Short, Focused Sessions

Break your study time into manageable blocks (e.g. 30 – 45 minutes). Review a handful of questions, reflect on the explanations.

3. Learn from the Explanations

After answering a question, always read the explanation, even if you got it right. It reinforces key points, corrects misunderstandings, and teaches subtle distinctions between similar answers.

4. Track Your Progress

Use bookmarks or notes (if reading digitally) to mark difficult questions. Revisit these regularly and track improvements over time.

5. Simulate the Real Exam

Once you're comfortable, try taking a full set of questions without pausing. Set a timer and simulate test-day conditions to build confidence and time management skills.

6. Repeat and Review

Don't just study once, repetition builds retention. Re-attempt questions after a few days and revisit explanations to reinforce learning. Pair this guide with other Examzify tools like flashcards, and digital practice tests to strengthen your preparation across formats.

There's no single right way to study, but consistent, thoughtful effort always wins. Use this guide flexibly, adapt the tips above to fit your pace and learning style. You've got this!

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Questions

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1. **During a PACS outage, if a doctor needs to view the images, what should they do?**

   A. A doctor needing to view images should come down to the department.

   B. The doctor should wait for PACS restoration.

   C. The doctor should request printed film copies.

   D. The doctor should email a request to radiology.

2. **Under which circumstances should gonadal shielding be used during radiographic exams?**

   A. Always shield regardless of diagnostic information.

   B. Never shield.

   C. Shield only when it does not obscure diagnostic information and does not compromise workflow or image quality.

   D. Shield only on pediatric patients.

3. **Which is an employee responsibility under the Health & Safety at Work Act 1974?**

   A. Take care of their own health and safety and that of others

   B. Not interfere with anything provided in the interest of health and safety

   C. Embarrass colleagues

   D. Work extra hours

4. **Which measures are used to ensure radiation protection during an X-ray?**

   A. Lead protection, collimation, and justification.

   B. None; radiation is always allowed.

   C. Only lead apron is required.

   D. Speed of imaging is the only concern.

5. **What is the typical personnel radiation monitoring process in a radiography department?**

   A. Personal dosimeters worn, dose logs maintained, regular reviews, adherence to ALARA, and incident reporting.

   B. Do not track dose or incident reporting.

   C. ALARA is optional in practice.

   D. Dose monitoring is done only if an incident occurs.

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6. What kilovoltage values are generally used for imaging the chests of premature infants, infants, and children respectively?

A. Premature: 60 kV; Infant: 65 kV; Child: 70 kV

B. Premature: 70 kV; Infant: 75 kV; Child: 80 kV

C. Premature: 50 kV; Infant: 55 kV; Child: 60 kV

D. Premature: 90 kV; Infant: 95 kV; Child: 100 kV

7. Which principle addresses not transferring data outside the European Economic Area without adequate protection?

A. Not transferred outside the European Economic Area without adequate protection

B. Data can be freely transferred outside the EEA

C. Data must be stored only on paper

D. Data can be copied and shared with friends

8. When discussing the imaging procedure with a patient, what should be included to support informed consent?

A. Clear benefits and risks, alternatives, opportunities to ask questions, and documentation.

B. Only benefits.

C. Only risks.

D. No discussion.

9. Which strategies are effective for reducing movement and distress in pediatric imaging?

A. Skip explanations to avoid anxiety.

B. Explain procedure simply, use immobilization as needed, employ distraction techniques, involve parents, and minimize repeats.

C. Increase exposure time.

D. Perform without consent.

10. How can nonverbal cues affect patient trust and cooperation during imaging?

A. Nonverbal cues have no effect.

B. Eye contact alone is enough.

C. Open posture helps, but it may not affect anxiety.

D. Positive cues like eye contact and open posture reduce anxiety and improve cooperation.

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Answers

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1. A
2. C
3. A
4. A
5. A
6. A
7. A
8. A
9. B
10. D

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Explanations

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1. During a PACS outage, if a doctor needs to view the images, what should they do?

A. A doctor needing to view images should come down to the department.

B. The doctor should wait for PACS restoration.

C. The doctor should request printed film copies.

D. The doctor should email a request to radiology.

During a PACS outage, the doctor should come down to the radiology department to view the images. This ensures immediate, secure access to the imaging studies on a local display or film copies without relying on the downed system, supporting timely and safe patient care. Waiting for restoration can cause dangerous delays, and while printed films or remote requests might be helpful, they are not as rapid or reliable for urgent review as accessing the department's local imaging resources.

2. Under which circumstances should gonadal shielding be used during radiographic exams?

A. Always shield regardless of diagnostic information.

B. Never shield.

C. Shield only when it does not obscure diagnostic information and does not compromise workflow or image quality.

D. Shield only on pediatric patients.

The main idea here is balancing patient protection with maintaining diagnostic quality. Gonadal shielding should be used only when it won't obscure important anatomy or interfere with how the exam is performed. Shielding reduces exposure to reproductive organs, but if the shield lies in or near the primary beam, it attenuates the image and can hide essential details or create artifacts. That can require retakes or higher exposure elsewhere to compensate, defeating the purpose of shielding. With modern digital imaging and techniques, the incremental dose reduction from shielding may be small, while the risk to image quality or workflow is real. So the best practice is to apply shielding only when it does not obscure diagnostic information and does not compromise image quality or exam efficiency. Choosing to shield all the time ignores potential image degradation; never shielding ignores dose reduction advantages; shielding only on pediatric patients is too limiting and doesn't reflect the guideline that shielding is conditional based on its impact on the exam.

3. Which is an employee responsibility under the Health & Safety at Work Act 1974?

A. Take care of their own health and safety and that of others

B. Not interfere with anything provided in the interest of health and safety

C. Embarrass colleagues

D. Work extra hours

The main idea is that employees have a personal duty to protect safety in the workplace. Under the Health and Safety at Work Act 1974, employees must take reasonable care for their own health and safety and for others who may be affected by their acts or omissions, and they should cooperate with their employer to maintain a safe environment. This is best captured by the statement that an employee takes care of their own health and safety and that of others, because it directly reflects the statutory obligation to act safely and consider colleagues. It also supports the everyday actions that keep everyone protected, like following procedures, using equipment correctly, and reporting hazards. While not interfering with safety arrangements is also part of the broader duty, the emphasis on personal responsibility for safety is the clearest expression of an employee's obligation. The other options don't describe safety duties relevant to day-to-day protection at work.

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4. Which measures are used to ensure radiation protection during an X-ray?

A. Lead protection, collimation, and justification.

B. None; radiation is always allowed.

C. Only lead apron is required.

D. Speed of imaging is the only concern.

Protecting patients from unnecessary radiation relies on three practical measures: justification, beam collimation, and shielding. Justification ensures every X-ray is medically warranted, so we don't expose patients without a defined clinical benefit. Collimation narrows the X-ray beam to the exact area of interest, reducing dose to surrounding tissues and lowering scatter. Shielding using lead protection, such as aprons and thyroid shields, provides an additional layer of protection for radiosensitive organs. Together with careful technique and efforts to minimize repeats, these steps uphold the principle of keeping doses as Low as Reasonably Achievable. The other options miss essential parts: exposure should not be considered permissible without justification; shielding alone doesn't address beam restriction or all tissues at risk; and speed of imaging alone does not adequately manage dose or beam control.

5. What is the typical personnel radiation monitoring process in a radiography department?

A. Personal dosimeters worn, dose logs maintained, regular reviews, adherence to ALARA, and incident reporting.

B. Do not track dose or incident reporting.

C. ALARA is optional in practice.

D. Dose monitoring is done only if an incident occurs.

Personnel radiation monitoring centers on measuring and recording exposure to keep staff doses safe and within limits. Staff wear personal dosimeters to capture the radiation they receive during clinical duties, and these readings are logged in a dose tracking system to build a clear history for each individual. Regular reviews of these dose records by radiation protection staff help detect any trends, confirm that exposures stay well below occupational limits, and drive any needed safety adjustments. The principle of ALARA—As Low As Reasonably Achievable—guides everyday practice, so shielding, proper positioning, and optimized exposure techniques are continually applied to minimize dose. Incident reporting is also essential, ensuring any unusual exposure, equipment fault, or near-miss is documented and investigated to prevent recurrence. Choosing not to track doses, making ALARA optional, or monitoring only after an incident would fail to protect workers and contravene established safety practices.

6. What kilovoltage values are generally used for imaging the chests of premature infants, infants, and children respectively?

A. Premature: 60 kV; Infant: 65 kV; Child: 70 kV

B. Premature: 70 kV; Infant: 75 kV; Child: 80 kV

C. Premature: 50 kV; Infant: 55 kV; Child: 60 kV

D. Premature: 90 kV; Infant: 95 kV; Child: 100 kV

In pediatric chest imaging, technique is adjusted according to patient size: smaller bodies need less penetration and higher contrast, while larger bodies require more penetration to visualize the lungs and mediastinal structures. The commonly used progression is around 60 kV for premature infants, about 65 kV for infants, and roughly 70 kV for children. This balance helps obtain a diagnostically useful image with adequate penetration and detail while keeping the dose as low as reasonably achievable. Values lower than this can fail to penetrate larger chests or force higher mA and dose, and values much higher than this can reduce image contrast and obscure lung details.

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7. Which principle addresses not transferring data outside the European Economic Area without adequate protection?

A. Not transferred outside the European Economic Area without adequate protection

B. Data can be freely transferred outside the EEA

C. Data must be stored only on paper

D. Data can be copied and shared with friends

When handling personal data across borders, the crucial rule is that data should not be transferred outside the European Economic Area unless there are safeguards that ensure an equivalent level of protection. This principle protects individuals' privacy by requiring that any international transfer be backed by adequate protection—either via an official adequacy decision or through appropriate safeguards (like standard contractual clauses or binding corporate rules) so the data continues to be treated with GDPR-level protections. Think of cross-border transfers this way: you can move data abroad only if you're confident the recipient will uphold the same privacy standards. The alternatives imply no protection or no restrictions, which would risk compromising personal data. The principle therefore directly addresses the concern of maintaining data privacy even when it leaves the EEA.

8. When discussing the imaging procedure with a patient, what should be included to support informed consent?

A. Clear benefits and risks, alternatives, opportunities to ask questions, and documentation.

B. Only benefits.

C. Only risks.

D. No discussion.

Informed consent for an imaging procedure hinges on a discussion that covers four essential elements: the clear benefits of the study, the potential risks or downsides, any reasonable alternatives (including choosing not to proceed), and the opportunity for the patient to ask questions, plus proper documentation of the discussion and agreement. This approach helps the patient understand why the test is being recommended, what could happen as a result, and what other options exist, allowing them to make a voluntary, informed decision. Documentation provides a record that the discussion occurred and that consent was given or refused, which supports accountability and safety. Focusing only on benefits leaves patients unaware of possible harms; discussing only risks can unduly alarm or mislead; and having no discussion fails to respect patient autonomy and legal/ethical standards.

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9. Which strategies are effective for reducing movement and distress in pediatric imaging?

A. Skip explanations to avoid anxiety.

B. Explain procedure simply, use immobilization as needed, employ distraction techniques, involve parents, and minimize repeats.

C. Increase exposure time.

D. Perform without consent.

Keeping pediatric patients still during imaging relies on clear, simple explanations, supportive presence, appropriate immobilization when necessary, distraction techniques, and minimizing the need for repeats. Explaining what will happen in plain language helps reduce fear and builds cooperation, so the child knows what to expect. Immobilization should be gentle and used only when needed to prevent motion, avoiding prolonged or coercive restraint. Distraction strategies—such as age appropriate activities, storytelling, or engaging visuals—redirect attention away from the procedure and can significantly reduce distress. Involving parents provides comfort and a familiar presence, which often calms the child and improves stillness. Minimizing repeats lowers radiation exposure and the child's overall stress. Increasing exposure time isn't a solution for reducing movement and can raise the dose, while performing without consent is not appropriate or ethical.

10. How can nonverbal cues affect patient trust and cooperation during imaging?

A. Nonverbal cues have no effect.

B. Eye contact alone is enough.

C. Open posture helps, but it may not affect anxiety.

D. Positive cues like eye contact and open posture reduce anxiety and improve cooperation.

Nonverbal cues communicate safety and support, shaping how a patient trusts and cooperates with the imaging process. When a technologist uses steady eye contact, a calm facial expression, and an open, approachable posture, the patient senses control, safety, and respect. This reduces perceived threat, lowers anxiety, and makes it easier for the patient to follow instructions and stay still, which improves image quality and the overall flow of the exam. Eye contact alone isn't always enough because it must be part of a broader, consistent nonverbal approach. Open posture helps and does influence anxiety, but it's most effective when combined with positive indicators like relaxed demeanor and appropriate attention to the patient. Saying nonverbal cues have no effect misses how powerful these signals are in shaping the patient's experience.

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Next Steps

Congratulations on reaching the final section of this guide. You've taken a meaningful step toward passing your certification exam and advancing your career.

As you continue preparing, remember that consistent practice, review, and self-reflection are key to success. Make time to revisit difficult topics, simulate exam conditions, and track your progress along the way.

If you need help, have suggestions, or want to share feedback, we'd love to hear from you. Reach out to our team at hello@examzify.com.

Or visit your dedicated course page for more study tools and resources:

https://diagnosticradinterview.examzify.com

We wish you the very best on your exam journey. You've got this!

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